



OFFICE OF THE STATE FIRE MARSHAL
Division of Personnel Standards and Education
1035 Stevenson Dr.
Springfield, IL 62703-4259

ARSON INVESTIGATOR - APPLICATION FOR CERTIFICATION

APPLICANT'S NAME: _____ D.L.# _____

Home Address: _____ Phone () _____

FIRE DEPT. MEMBERSHIP: _____ Phone () _____

Address: _____ Date: _____

CERTIFICATION PREREQUISITE

(Must complete and check all three sections)

1. Certification as Firefighter II _____

Successful **OR** completion of ByPass Exam _____ (DATE)
_____ (DATE)

2. _____ Completed Modules I and II of the Fire Investigator program as specified in Ill. Admin. Code 140.200 and 140.210. (Attach transcripts or completion records.)

3. _____ Completion of required course for Arson Investigator as specified in Ill. Admin. Code 140.200 and 140.210. (Attach transcripts or completion records.)

OR

_____ Completion of Basic Law Enforcement training verified by Ill. Local Governmental Law Enforcement Officer's Training Board. (Attach transcripts or completion records.)

I attest that all information and documentation on or attached to this application is accurate.

Applicants signature

I certify that the information and documentation on or attached to this application is accurate. Records or maintained in this department to substantiate the contents of this application.

Fire Chief or Police Chief signature

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Office Action

Staff Initials _____

Date _____

Comments: _____